

C10FM211169

IN THE CIRCUIT COURT FOR Frederick County

(City or County)

CIVIL - DOMESTIC CASE INFORMATION REPORT**DIRECTIONS**

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111(a).

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS A PLEADING

FORM FILED BY: ☒ PLAINTIFF ☐ DEFENDANT CASE NUMBER _____ (Clerk to insert)
CASE NAME: Mariya Spasova Mihova Scarborough vs. William Joseph Scarborough
Plaintiff Defendant
PARTY'S NAME: MARIYA SPASOVA MIHOVA SCARBOROUGH PHONE: 304-699-7805
PARTY'S ADDRESS: 6317 Posey Street, Frederick MD 21703
PARTY'S E-MAIL: mariyascar05@gmail.com

If represented by an attorney:

PARTY'S ATTORNEY'S NAME: _____ **PHONE:** _____

PARTY'S ATTORNEY'S ADDRESS: _____

PARTY'S ATTORNEY'S E-MAIL: _____

☒ I am not represented by an attorney

RELATED CASE PENDING? ☐ Yes ☒ No If yes, Case #(s), if known: _____

PLEADING TYPE

New Case: ☒ Original

Existing Case: ☐ Post-Judgment ☐ Amendment

If filing in an existing case, skip Case Category/ Subcategory section - go to Issues section.

SPECIAL REQUIREMENTS

☐ Spoken Language Interpreter - **Attach form CC-DC-041**

☐ If you require an accommodation for a disability under the Americans with Disabilities Act - **Attach form CC-DC-049**

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

A. Mediation ☐ Yes ☒ No

C. Settlement Conference ☐ Yes ☒ No

B. Arbitration ☐ Yes ☒ No

D. Neutral Evaluation ☐ Yes ☒ No

If no, explain why: We reached mutual consent for divorce

IF NEW CASE: CASE CATEGORY/SUBCATEGORY (Check one box.)**Domestic Family**

- ☐ Alimony/Spousal Support
☐ Annulment
☐ Breach
☐ Child Support - Private
☐ Custody
☒ Divorce
☐ Emancipation
☐ Enforce Foreign Order
☐ Family Legal/Medical
☐ Paternity/Parentage
☐ Recognition as Legal Child
☐ Visitation

Agency/IV-D

- ☐ Child Support
☐ Paternity/Parentage
☐ UIFSA

Adoption

- ☐ Adoption - Independent
☐ Adoption - Private Agency

Change of Name

- ☐ Change of Name
☐ Adult
☐ Minor

Guardianship

- ☐ Guardianship of Adult Person and/or Property
☐ Guardianship of Minor Person and/or Property

Independent Proceedings

- ☐ Amend Birth Certificate
☐ Change of Sex
☐ Correct Death Certificate
☐ Declare Deceased
☐ Dispose Body
☐ Amend Marriage Certificate

FILED
 2021 JUL 16 PM 3:11
 SANDRA K. DALTON
 CLERK

IF NEW OR EXISTING CASE: ISSUES (Check All that Apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Change of Name | <input type="checkbox"/> Earnings Withholding | <input type="checkbox"/> Pension Distribution |
| <input type="checkbox"/> Alimony/Spousal Support | <input type="checkbox"/> Adult | <input type="checkbox"/> Emancipation | <input type="checkbox"/> Property Distribution |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Minor | <input type="checkbox"/> Enforcement | <input type="checkbox"/> Protective Order |
| <input type="checkbox"/> Rehabilitative | <input type="checkbox"/> Change of Sex | <input type="checkbox"/> Exceptions | <input type="checkbox"/> Register Foreign Order |
| <input type="checkbox"/> Amend Birth Certificate | <input type="checkbox"/> Child Support | <input type="checkbox"/> Family Legal/Medical | <input type="checkbox"/> Restore Former Name |
| <input type="checkbox"/> Amend Death Certificate | <input type="checkbox"/> Contempt | <input type="checkbox"/> Gdnshp of Adult | <input type="checkbox"/> Termination of Gdnshp |
| <input type="checkbox"/> Amend Marriage Certificate | <input type="checkbox"/> Court Costs/Fees | <input type="checkbox"/> Person | <input type="checkbox"/> Transaction Review |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Custody | <input type="checkbox"/> Property | <input type="checkbox"/> Use and Possession |
| <input type="checkbox"/> Asset Determination | <input type="checkbox"/> Declare Deceased | <input type="checkbox"/> Gdnshp of Minor | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Change of Name | <input type="checkbox"/> Dispose Body | <input type="checkbox"/> Person | |
| <input type="checkbox"/> Adult | <input checked="" type="checkbox"/> Divorce - Absolute | <input type="checkbox"/> Property | |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Divorce - Limited | <input type="checkbox"/> Paternity/Parentage | |

ESTIMATED LENGTH OF HEARING

(Case will be tracked accordingly.)

Time estimate for a Merits Hearing: _____ Hours _____ Days
 Time estimate for hearing other than a Merits Hearing: _____ Hours _____ Days

OTHER MATTERS

IS THIS CASE CONTESTED? ☐ Yes ☒ No If yes, which issues appear to be contested?

- ☐ Ground for divorce
- ☐ Child Custody ☐ Visitation
- ☐ Child Support
- ☐ Alimony ☐ Permanent ☐ Rehabilitative
- ☐ Use and possession of family home and property
- ☐ Marital property issues involving:
- ☐ Valuation of business ☐ Pensions ☐ Bank accounts/IRA's ☐ Real Property
- ☐ Other: _____
- ☐ Paternity
- ☐ Adoption/termination of parental rights
- ☐ Other: _____

Request is made for: ☐ Initial Order ☐ Modification ☐ Contempt
☒ Absolute Divorce ☐ Limited Divorce

For non-custody/visitation issues, do you intend to request:

- ☐ Court-appointed expert (name field) _____ ☐ Initial conference with the Court
- ☐ Mediation by a Court-sponsored settlement program ☐ Other: _____

For custody/visitation issues, do you intend to request:

- ☐ Mediation by a private mediator ☐ Appointment of counsel to represent child
 (not just to waive psychiatric privilege)
- ☐ Evaluation by mental health professional ☐ A conference with the Court
- ☐ Other Evaluation _____

Is there an allegation of physical or sexual abuse of party or child? ☐ Yes ☒ No

7-16-21

Date

6317 Posey Str.

Address

Frederick

City

MD

State

21703

Zip Code

Signature of Counsel / Party

Attorney Number

MARIYA SPASOVA MIHOVA Scarborough

Printed Name